**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Joseph P. Errico, Michael W. Dudasik, and Rafail ZubokApplication No./Patent No.: 10/663,488 Filed/Issue Date: September 16, 2003Entitled: INTERVERTEBRAL SPACER DEVICE HAVING AN ENGAGEMENT HOLE FOR MANIPULATION USING A SURGICAL TOOLSpineCore, Inc.
(Name of Assignee), a Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014514 , Frame 0422 , or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____ , Frame _____ , or for which a copy thereof is attached.

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The document was recorded in the United States Patent and Trademark Office at Reel _____ , Frame _____ , or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

SignatureMarch 3, 2005

DateRAYMOND GARGUILO, JR.

Printed or Typed Name(908) 518-6342

Telephone NumberAuthorized Signer for Assignee

Title

Approved for use through 11/30/2005 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/663,488		
	Filing Date	September 16, 2003		
	First Named Inventor	Joseph P. Errico		
	Art Unit	3738		
	Examiner Name	Not Yet Assigned		
	Attorney Docket Number	SPINE 3.0-437 CIP CIP CIP CIP		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000530

OR

☐ Firm or Individual Name _____

Address _____

City _____

Country _____ State _____ Zip _____

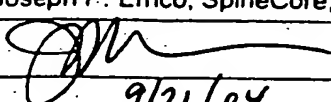
Telephone _____ Fax _____

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Joseph P. Errico, SpineCore, Inc.		
Signature			
Date	9/21/04	Telephone	908-522-3460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

000530

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Joseph P. Errico, SpineCore, Inc.
------	-----------------------------------

Signature

Date _____

Telephone

908-522-3460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.